



Submission Requirements for Sewage Disposal System Repairs

Repairs to existing septic systems must be submitted to this Department for review and approval. Repairs are limited to replacement or repair to existing system components. The person who will be performing the work is required to submit the permit. The permit must be signed by the homeowner. The permit must be approved prior to the start of any repair. The cost of the permit is \$50.00 and is payable to the "County of Gloucester" by check or money order.

- Provide a completed Form 1 and Form 4 (enclosed)
- Provide a sketch of the property showing the following features:
 1. Property lines
 2. All existing structures such as house, garage, pools etc.
 3. All existing sewage disposal system components. Provide distance of existing components to the house and property lines.
 4. Existing well or wells and distance to existing sewage disposal system components.
- Provide a survey of the property from the owner even if it is from the purchase of the property. If no survey can be found this office may consider waiver of this requirement.
- Provide a written explanation of the work that will be performed including what will be done with the existing sewage disposal system components. Include the number of bedrooms and if the system is a single family dwelling or a duplex. Provide contact information for the homeowner and the installer including name, phone numbers and mailing address.
- Provide all the details of the existing sewage disposal system. This would include the following items:
 1. If a seepage pit provide the diameter and depth of the seepage pit. The elevation below the ground surface the inlet pipe enters the seepage pit and the diameter of the inlet pipe.
 2. Provide the size of the septic tank and the material with which it is constructed.
 3. For a bed or trench system, provide the number of lines, length and width of the bed or trenches, and the depth of the bottom of the stone.

This office will research the request and determine if a repair is permissible. A site visit may be conducted to evaluate the existing site. If a repair permit is not issued, you will be directed to hire a Licensed Professional Engineer to design an alteration to the existing system that will be appropriate for the property.

BOARD OF
CHOSEN FREEHOLDERS

COUNTY OF GLOUCESTER
STATE OF NEW JERSEY

FREEHOLDER DIRECTOR
Robert M. Damming

FREEHOLDER LIAISON
Lyman Barnes



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SENIOR & DISABILITY
SERVICES

DIVISION OF HEALTH

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GLOUCESTER COUNTY DEPARTMENT OF HEALTH, SENIOR & DISABILITY SERVICES
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
AN INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM

(Revised May 1, 2008)

MUNICIPALITY _____

Form 1-General Information (Complete ALL items on this page)

1. Type of Permit Needed (Check applicable categories):

- | | |
|---|---|
| <input type="checkbox"/> Preliminary review (\$150) | <input type="checkbox"/> New Construction for Alternate Technology(\$300) |
| <input type="checkbox"/> New Construction (preliminary review)(\$150) | <input type="checkbox"/> Alteration for Alternate Technology(\$225) |
| <input type="checkbox"/> New Construction (\$250) | <input type="checkbox"/> Revision for Alternate Technology (\$200) |
| <input type="checkbox"/> Alteration: No Expansion or Change of Use(\$200) | |
| <input type="checkbox"/> Alteration/Expansion or Change in Use(\$200) | |
| <input type="checkbox"/> Alteration/Malfunctioning System(\$200) | |
| <input type="checkbox"/> Deviation from Standards (\$200) | Is existing dwelling for sale: Yes or No |
| <input type="checkbox"/> Repairs to Existing System (\$50) | |
| <input type="checkbox"/> Revision (after initial approval (\$150) | |

2. Location of Project:

Municipality _____ Block No. _____ Lot No. _____

Street Address _____ Zip _____

3. Name of Applicant (print): _____

Present Address: _____

Applicant's Phone Number: _____

4. Type of Facility:

- ☐ Residential
- ☐ Commercial/Institutional, Specify below
- Specify Type of Establishment: _____

5. Type of Wastes to be Discharged:

- ☐ Sanitary Sewage ☐ Industrial Waste

Other-Specify Type: _____

6. Water Supply: ☐ Individual ☐ Municipal

7. Other Approvals/Certification/Waivers/Exemptions(Attach to application)

- ☐ Pinelands Commission
- ☐ U.S. Army Corps of Engineers
- ☐ NJDEP-Bureau of Flood Plain Management
- ☐ Other-Specify: _____

8. I hereby certify that the information furnished on Form 1 of this application is true. I am aware that false swearing is a crime in this State and subject to prosecution.

Signature of Applicant _____ **Date** _____

FOR AGENCY USE ONLY

☐ Application Denied-Reason for Denial: _____

☐ Application Approved ☐ Application Approved Subject to Approval by NJDEP

Date of Action _____ Signature _____

GLOUCESTER COUNTY DEPARTMENT OF HEALTH, SENIOR & DISABILITY SERVICES
APPLICATION FOR PERMIT TO CONSTRUCT/ALTER/REPAIR
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Form 4. General Design Data

1. Volume of Sanitary Sewage, gal. _____
_____ Residential: No. of Dwelling Units _____ Total No. of Bedrooms _____
_____ Commercial/Industrial - Indicate type of establishment and show method of calculation. If estimate is based on water meter data, indicate source of data, frequency of readings, average daily flow, and maximum recorded daily reading

2. Alterations or Repairs

- a) Reason for Alteration or Repair (Check appropriate categories):
_____ Expansion or Change in Use _____ Upgrade Existing Facilities
_____ Correct Malfunctioning System _____ Other -- Specify _____
b) _____ Describe Nature of Alteration or Repairs: _____

3. System Components:

- a) Grease Trap Capacity, gals _____
Show Calculation Used: _____
b) Septic Tank Capacities, gals: _____ First (Single) Compartment _____ gal
_____ Second Compartment _____ gal _____ Third Compartment _____ gal
c) Effluent Distribution
Method: _____ Gravity Flow _____ Gravity Dosing _____ Pressure Dosing
Dosing Device: _____ Pump _____ Siphon
d) Dosing Tank Capacities, gals: Total Capacity _____ Dose Volume _____
Reserve Capacity _____
e) Laterals: Number _____ Total Length _____ Pipe Size _____ Spacing _____
f) Connecting Pipe: Size _____ Length _____
g) Manifold: Size _____ Length _____
h) Disposal Field: Type of Installation _____
Design Permeability (Percolation Rate) _____
Trenches: Width _____ Total Length _____
Bed: Area _____
i) Seepage Pits: Design Percolation Rate _____
Number of Pits _____ Total Percolating Area Provided _____

4. Attachments (Check items included):

- _____ General Plan of System Showing Location of All System Components
_____ Cross-Sections of Each System Component Including Grease Trap, Septic Tank, Dosing Tank, Disposal Field, Seepage Pits and Interceptor Drains
_____ Pump Performance Curve
_____ Other -- Specify _____

5. I hereby certify that the information furnished on Form 4 of this application (and attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Water Pollution Control Act (N.J.S.A. 58:10A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.

Signature of Professional Engineer _____ Date _____